



**North Carolina Department of Health and Human Services  
Division of Facility Services**

**Office of Emergency Medical Services**

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**POSITION STATEMENT  
Specialty Care Transport Programs (SCTP)  
March 19, 2007**

As detailed in the Rules of the North Carolina Medical Care Commission [10A NCAC 13P], specialty care transport programs may be approved that enable licensed EMS providers to deliver a level of care unique to patients requiring skills and medications not routinely available in the traditional 9-1-1 prehospital paramedic level service. Historically, these programs were established by hospitals, but over the past few years, governmental services have also developed specialty care transport programs as an extension of their prehospital services. This statement is intended to clarify acceptable practice models for all specialty care programs and ensure that these programs are compliant with rule and the minimum staffing law, GS § 131E-158.

10A NCAC 13P .0120 defines a specialty care transport program as “a program designed and operated for the provision of specialized medical care and transportation of critically ill or injured patients.” The key to this definition lies in the provision of “specialized medical care.” This definition does not address the transportation of non-critical patients, nor patients that may be managed within the skill set of the prehospital paramedic. Although paramedics are authorized to function in a specialty care role as part of an approved specialty care program, their treatment protocols vary from the prehospital paramedic.

Within these rules, Section .0300 details the requirements for approval of a specialty care program, and describes two options available for ground transportation services. The first option is found in .0303 “Ground Specialty Care Transport Programs” and the second is found in .0304 “Hospital-Affiliated Ground Specialty Care Transport Programs Used For Inpatient Transports.”

Ground Specialty Care Transport Programs differ from Hospital-Affiliated programs in that, although both are staffed when functioning in a specialty care role with two paramedics, nurse practitioners, physicians, physician assistants, registered nurses, respiratory therapists, or a combination of any of these disciplines, .0303 (b) enables the ground SCTP programs to also transport “patients that do not require specialty care transport skills or procedures.” When transporting these patients, the minimum EMS staffing requirements as detailed in GS § 131E-158 apply.

Hospital-Affiliated programs are designed and approved to serve two distinct purposes. One is to enable the hospital to manage patients being transported for admission to, or discharge from their facility. The other is solely mission specific and involves transporting patients requiring the skills and procedures defined in .0301 (a)(4). These specific skills include advanced airway techniques including rapid sequence induction, cricothyrotomy, and ventilator management, including continuous monitoring of the patient’s oxygenation; insertion of femoral lines; maintaining invasive monitoring devices to include central venous pressure lines, arterial and venous catheters, arterial lines, intra-ventricular catheters, and epidural catheters; and interpreting 12-lead electrocardiograms.



Location: 701 Barbour Drive v Dorothea Dix Hospital Campus v Raleigh, N.C. 27603  
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When contemplating the roles and approvals of specialty care programs, two areas of confusion seem to surface. These are; (1) the ability of an approved specialty care program to transport a patient from a physician's office, clinic, etc back to a tertiary care facility, and (2) the ability of an approved specialty care program to transfer non-critical patients between facilities.

In the first scenario, only an approved Ground SCTP [.0303] can transport a patient from a physician's office, clinic, etc back to a tertiary care facility; however, they must do so consistent with a traditional prehospital provider services utilizing prehospital treatment protocols and procedures, minimum staffing, etc. Specialty care skills and staffing are prohibited during this transport. In essence, there is no difference in the level of care for these patients than would be provided by the traditional prehospital EMS provider and should be viewed as if the Ground SCTP is functioning in a mutual aid role to the local EMS system prehospital provider.

In the second scenario, transporting non-critical patients between facilities fall into two categories. The first is, if the patient is a patient of the hospital administering the program, or is scheduled for admission or discharge from the hospital, both the Ground SCTP and Hospital-Affiliated SCTP may transport the patient. However, if the patient is not a patient of the hospital administering the SCTP, or is not being transported for admission or discharge from that hospital, then only a Ground SCTP [.303] provider may perform the transport, using the same criteria described in the previous paragraph. Variations on this scenario involve the transfer of non-critical patients to hospitals within a healthcare network, but are not being transported to or from the administratively responsible hospital for admission or discharge.

Again, only a traditional prehospital EMS provider or a Ground SCTP provider may move these patients but must do so under their "prehospital provider" approval. Again, Hospital-Affiliated programs are only authorized to move patients that have a medical need for their specialty care services, or are a patient of the hospital administering the program, or be scheduled for admission to or discharged from the hospital administering the program [.0304 (a)(2)].

One final point of clarification is that both Ground SCTP and Hospital-Affiliated Ground SCTP may be called upon to transfer a critically ill or injured patient from a community level hospital to a facility other than the one administering their SCTP program. This is an acceptable practice, such as when the SCTP is administered by a regional medical center, the patient is located in a nearby community hospital, and the patient is in need of services available only at a Level 1 trauma center or burn center.



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